

**POWER OF ATTORNEY FOR COMMUNICATION WITH THE SCHOOL**

I,

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Class: \_\_\_\_\_

(the Principal),

**hereby authorize**

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

(the Authorized Representative),

**to represent me in all matters of communication with the Benedict School in Zurich concerning my person and my studies/training.**

The Authorized Representative is in particular entitled to:

(please choose from the options below)

- ☐ receive information about my school-related matters (e.g. attendance, performance, organisational information) by telephone, e-mail, in writing and in person.
- ☐ make and receive declarations on my behalf towards the school (e.g. registrations and deregistrations for modules/courses, appointment scheduling, confirmations).
- ☐ receive certificates and documents (e.g. confirmations, transcripts, invoices, reminders) on my behalf.

This power of attorney includes the processing and disclosure of my personal data by the school to the above-named person, insofar as this is necessary for communication regarding school-related matters.

**Duration**

This power of attorney is valid from \_\_\_\_\_

and remains valid until \_\_\_\_\_ / **until revoked.**

The power of attorney may be revoked at any time with effect for the future; the revocation must be submitted to the school in writing.

Place, date: \_\_\_\_\_

Signature of Principal: \_\_\_\_\_

(Signature of Authorized Representative – optional): \_\_\_\_\_

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*Without a signed power of attorney, the school will only communicate directly with the student. (Exceptions include existing valid powers of attorney under applicable law, medical certificates authorising the release of data, decisions issued by the unemployment or disability insurance authorities, and any legal succession in the event of the student's death.)*

*For underage students, the form should be signed by the legal guardian(s); for adult students, it is signed by the student him-/herself.*